



Town of Arlington
Department of Health and Human Services
Office of the Board of Health
27 Maple Street
Arlington, MA 02476

Tel: (781) 316-3170
Fax: (781) 316-3175

**Permit Application
Exterior Power Sanding Permit**

Fee: \$30.00
(Payable to: Town of Arlington)

APPLICANT INFORMATION

Person/Contractor performing work: _____

Address: _____

City: _____ State: _____ Phone #: _____

PROPERTY OWNER

Name: _____ Phone #: _____

Address: _____

PROJECT INFORMATION

Address of project: _____ Year structure was built: _____

*Name of EPA Certified Lead Safe Renovator: _____ License #: _____

*(attach copy of certificate)

*Required for power sanding performed on structures built prior to 1978

Project supervisor: _____ Phone #: _____

Project start date: _____ Completion date: _____

The undersigned hereby states, under the pains and penalties of perjury, that he/she has read and understood the Town of Arlington's Regulations for the Removal of Exterior Paint, and that the information contained in this application is true and correct to the best of his/her knowledge and belief.

Signed: _____ Date: _____
Applicant's signature